

## PART B - FEE(S) TRANSMITTAL

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27805      7590      04/20/2007

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Collette Kennedy	(Depositor's name)
<i>Collette Kennedy</i>	(Signature)
6-26-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,582	12/22/2003	Van D. Merkle	534422-002	7978

TITLE OF INVENTION: SYSTEM AND METHOD FOR MEDICAL DIAGNOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/20/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BROWN JR, NATHAN H	2121	706-045000				
		01 FC:2531 02 FC:1504				
		703.00 0P 200.00 0M				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Victor J. Wasylyna

Date

6/26/07

Registration No. 52,345

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